Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

		IMS AS	S FILED -	SMALL ENTITY			OTHER THAN					
1			(Column 1)		T T T T T T T T T T T T T T T T T T T	(Column 2)		TYPE		SMALL ENTITY		
FOR #			NUMBE	R FILED	NUMBER	EXTRA	RATE	FEE		RATE	FEE	
BASIC FEE								345.00	OR	1. 12	690.00	
TC	OTAL CLAIMS		43	minus 2	20= * 2	3	X\$ 9=		OR	X\$18=	410	
INDEPENDENT CLAIMS minus 3 = *						X39=		OR	X78=	390		
MULTIPLE DEPENDENT CLAIM PRESENT							+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	f	OR	TOTAL	1494	
	CI	LAIM	S AS A	MENDED	- PART II					OTHER THAN		
	Rose Alex	(Coli	umn 1)	The Code of Face of the Code o	(Column 2)	(Column 3)	SMALL ENTITY C			R SMALL ENTITY		
AMENDMENT A	B	REM AF AMEN	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	. (13	Minus	43	=	X\$ 9=		OR	X\$18=		
ME	Independent		8	Minus	··· 8	= /	X39=		OR	X78±		
	FIRST PRESE	NTATIC	ON OF MI	JLTIPLE DEF	PENDENT CLAIN	И	+130=	·	OR	+260=		
ĺ							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Col	umn 1)		(Column 2)	(Column 3)	AUUII. FEC		-	CE		
AMENDMENT B		CL REM Af	AIMS IAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	<u> </u>	·	Minus	**	=	X\$ 9=		OR	X\$18=		
AME	Independent	*	N 65 : "	Minus	***	=	X39=		OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM BEST AVAILABLE COPY								OR	+260=		
		RFS	IAV	AILAD	LE CUP	ī	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)						<u></u> -						
AMENDMENT C		REM Al	AIMS IAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	Ŀ		Minus	**	=	X\$ 9=		OR	X\$18=		
	Independent	*		Minus	***	=	X39=	 	1	X78=	 	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					739=	 	OR	7/0=	 		
	If the entry in colum	mn 1 in 1	ace than t	10 entry in col-	umn 2, write "0" in c		+130=		OR	+260=		
**	If the "Highest Nui	mber Pr	eviously Pa	aid For" IN THI	IMN 2, WRITE OF IN C IS SPACE is less th IS SPACE is less th	han 20, enter "20."	, TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
					r Indonendent\ is t		r found in the ar	onropriato ho	v in co	lumn 1		

It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	04/476202
•	
	Total Fee Calculation

FORM OPE-RAM-01 (Rev. 12/97)

	Fee Cade	Total ≠ Claims	Number Extra	x	Fee	Fee		Total
	SmÆg.				Sa. Eatiry	Lg. Eatity	_	
Basic Filing Fee	201/101		_			<u>690</u>	-	
Total Claims >20	203/103	43 -20 -	23	x		4/4	-	
[adepeadent Claims >]	202/102	3 -3 -	5	x		390	=	
Mult Dep Claim Present	304/104					130	3	
Surcharge	205/105				· · · · ·		•	
Eaglish Translation	139						• 1.	·
TOTAL FEE CALCUL	NOITA							1625
Fees due upon filing t	he application:							
Total Filing Fees Due	= _ S	162	4	_	:			
Less Filing Fees Suba	nined - S		/	: 		<i>:</i>	•	3
BALANCE DUE	= S_	162	14		:			:
Office of Initial Patent	t Examination	 .			·			•
- FORM OFF BANKS		Fi	gurë 7	<i>:</i>	-			